

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003542 (7)

1. Corporation Name

SELECT SITES OF ATTLEBOROUGH, INC.

Principal Place of Business

Mailing Address

C/O IRWIN S. GARS
~~2005 S. BAYSHORE DRIVE, M103~~
~~COCONUT GROVE FL 33133~~

C/O IRWIN S. GARS
~~2005 S. BAYSHORE DRIVE, M103~~
~~COCONUT GROVE FL 33133~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1994

FEI Number

65-0282115

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current
Personal Property Tax due June 30.

Yes ☐ No ☒

2. Principal Place of Business

21 3225 AVIATION AVE.

Suite, Apt. #, etc.

22 SUITE 700

City & State

23 COCONUT GROVE FL

24 33133

Country

USA

2a. Mailing Address

26 3225 Aviation Ave

Suite, Apt. #, etc.

27 SUITE 700

City & State

28 COCONUT GROVE, FL

29 33133

Country

USA

9. Name and Address of Current Registered Agent

GARS, IRWIN S
~~2005 S. BAYSHORE DR., M103~~
~~COCONUT GROVE FL 33133~~

10. Name and Address of New Registered Agent

81 Name

IRWIN S. GARS

82 Street Address (P.O. Box Number is Not Acceptable)

3225 AVIATION AVE

83

SUITE 700

84 City

COCONUT GROVE

85 State

FL

86 Zip Code

33133

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PC	GARS, IRWIN S.	2005 S. BAYSHORE DRIVE, M103	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/>
VCV	LENARD, HOWARD B	2005 S. BAYSHORE DRIVE, M103	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/>
TDS	DIXON, ROBERT	2005 S. BAYSHORE DRIVE, M103	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P.C.	GARS, Irwin S.	3225 AVIATION AVE STE 700	COCONUT GROVE 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VCV	Lenard, Howard B	3225 Aviation Ave., Suite 700	Coconut Grove, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/14/98

4/14/98

CR2E034 (10/97)